

Hilltop Youth Camp Registration Form

Camper name

Last: _____

First: _____

Nickname: _____

Gender: male female

Birthday (m/d/y): _____

Grade completed in May: _____

Tee shirt size: _____ youth adult

Camper's Address

Street: _____

City: _____

State: _____ Zip: _____

Church Affiation

Name: _____

City: _____

State: _____

Parent/Guardian

Name: _____

Address: _____

Phone: (____) _____

e-mail: _____

- Camper
- Staff _____
- Non-staff adult
- Other _____

Camp Attending

Junior

Start Date: ____ / ____ / ____

Teen

Start Date: ____ / ____ / ____

Emergency contact 1

Name: _____

Address: _____

Phone: (____) _____

Emergency contact 2

Name: _____

Address: _____

Phone: (____) _____

Insurance

Provider: _____

Policy holder: _____

ID number: _____

Group number: _____

Allergies (list all known):

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Medications

All medications must be in original bottles (OTC or pharmacy) and must be stored with and administered by the camp nurse. If a medical device (such as inhaler, EpiPen, etc.) must be with the camper at all times, a prescription from the doctor must be filed with the camp nurse.

List all medications brought by camper and dosing requirements:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Vaccinations

- My child has received all standard vaccines.
- For religious reasons, or other reasons of conscience, my child is not vaccinated.

Dietary Needs

If the camper has special dietary requirements, please inform the nurse.

Permission

I give permission for this camper to participate in all camp activities. I also give permission for the camp leadership to use their best judgment to treat this camper for minor bodily injuries that may be sustained while at camp or to seek professional medical assistance in the event of a more serious injury.

Parent/guardian signature

Date signed: ____ / ____ / ____